

MINUTES OF THE MEETING
of the
NEBRASKA BOARD OF NURSING
Issues Forum
April 12, 2017

CALL TO ORDER

The meeting of the Nebraska Board of Nursing's Issues Forum was called to order by Dawn Straub, Board President, at 2:05 p.m., April 12, 2017, at Country Inn and Suites, Lighthouse Room, 5353 N. 27th St., Lincoln NE 68521. Copies of the agenda were mailed in advance to the Board members, emailed to interested parties, posted outside the Licensure Unit within the Nebraska State Office Building, and posted on the Department of Health & Human Services website. Straub announced the location of an available copy of the Open Meetings Act within the room.

ROLL CALL

The following board members were present to answer roll call:

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| • Janet Andrew, LPN-C | • Dawn Straub, RN, <i>Board President</i> |
| • Maxine Guy, LPN | • Rita Thalken, <i>Public Member</i> |
| • Louise LaFramboise, RN | • Karen Weidner, RN, <i>Secretary</i> |
| • Patricia Motl, RN | • Katherine Werth, APRN |
| • Kristene Perrin, RN | |

The following Board member arrived after roll call: Anne Dey, RN (*arrived at 2:07 p.m.*).

The following Board member was absent: Kristin Ruiz, RN.

The following staff members from the Department and the Attorney's General Office were also present during all or part of the meeting:

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| • Ann Oertwich, RN, <i>Executive Director</i> | • Anna Harrison, <i>Compliance Monitor</i> |
| • Sherri Joyner, <i>Health Licensing Coordinator</i> | • Matt Gelvin, <i>Program Manager</i> |
| • Jacci Reznicek, RN, <i>Nursing Education</i> | • Lisa Anderson, <i>Assistant Attorney General</i> |
| <i>Consultant</i> | |
| • Kathy Hoebelheinrich, RN, <i>Nursing Practice</i> | |
| <i>Consultant</i> | |

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Guy made the motion, seconded by Thalken, to adopt the agenda for the April 12, 2017, Board of Nursing Issues Forum.

Voting Yes: Andrew, Dey, Guy, LaFramboise, Motl, Perrin, Straub, Thalken, Weidner, and Werth. **Voting No:** None. **Abstain:** None **Absent:** Ruiz. **Motion carried.**

These minutes were approved by the
Board of Nursing on May 11, 2017.

Michelle Hruska, LIMHP, LADC, Nebraska Licensee Assistance Program (LAP)

Michelle Hruska described the services provided by the Licensee Assistance Program. LAP provides alcohol/substance use assessments, treatment referrals, case management and monitoring, and education on alcohol and substance use disorders to health care and other professional licensees in Nebraska. Licensees who need assistance with alcohol or substance use disorders can refer themselves to LAP or they can be referred to the program by employers, colleagues, family members, or by staff from the Licensure Unit, Investigations Unit, or Attorney General's Office.

Licensees with alcohol/substance use disorders can enter into monitoring agreements with LAP. LAP does not provide treatment, but rather provides treatment recommendations and helps licensees find resources in their communities. LAP will create a structured recovery plan for a client, monitor a client's abstinence and compliance with the treatment recommendations, help the client address potential relapse triggers, and help employers reintegrate a client into the work environment. There is no cost to licensees for LAP's alcohol/substance abuse assessment, but licensees are responsible for the costs of treatment.

The structured recovery plans are generally 6-12 months long and have requirements that are similar to the requirements for licensees on probation. In cases where a licensee is diagnosed with a moderate or severe substance use disorder, the recovery plan generally includes either residential treatment or an Intensive Outpatient Program (IOP). Residential treatment is usually for 28-30 days, but can last as long as 90 days, and is usually used for clients that need to detox. IOPs generally last for 6-8 weeks, and require that the client attend sessions 3 days a weeks.

Hruska reviewed the DSM-5 criteria for diagnosing substance use disorders. A substance use disorder is classified as mild, moderate, or severe depending on the number of symptoms the client exhibits in the previous 12 months: 2-3 symptoms is a mild disorder, 4-5 is a moderate disorder, and 6 or more symptoms is a severe disorder. If a person who previously met the criteria for a substance use disorder has not experienced any of the symptoms in the previous 12 months, the specifier "in sustained remission" is used. If the symptoms have been present in the previous 12 months but not for at least 3 months, the specifier "in early remission" is used.

Hruska said that if a client does not follow the LAP recommendations, LAP is required to report the client to the Department's Investigations Unit. Clients are informed of this requirement at the beginning of their involvement with LAP. LAP staff will also report any client whom they think poses a safety risk if allowed to practice. Anderson said that when these clients are reported to Investigations, staff inform the employer and the Attorney General's Office immediately.

Anna Harrison, RN, BSN – DHHS Compliance Monitor

Anna Harrison described her role as the Department's Compliance Monitor. She monitors approximately 280 licensees whose licenses are on probation, limited, or have other disciplinary action that requires monitoring. She monitors licensees for 23 professional boards and facilities. Harrison works with the Chief Medical Officer to summarily suspend licenses when people do not pay the civil penalty or complete coursework required as part of a disciplinary action. She also works with the Attorney General's Office when licensees violate their probation conditions. When a licensee's body fluid screen tests positive for alcohol or a controlled substance, she asks Dr. Tribulato of Nebraska Occupational Health Center to review the results to help determine if the positive screen could be indicative of a probation violation.

Harrison and Gelvin reported that they have put together a team of experts to look at the length of probation terms and whether current probation terms are effective. The team working on this project includes Harrison, Gelvin, Reznicek, and Juan Ramirez. They would like to include Todd Stull, MD, who specializes in addiction issues and is a member of the Board of Medicine. Dr. Stull has worked with Iowa on developing protocols used by their boards. Harrison and Gelvin are also interested in involving the Chair of Nebraska's Board of Alcohol and Drug Counseling. Gelvin said that they hope to present preliminary data to the boards in early fall.

Members asked about the fees that licensees on probation need to pay for body fluid screens. Straub noted that when licensees request early release from probation, they often cite the financial hardship of testing. Harrison said there is a yearly \$55.00 fee for testing in addition to a \$80.00 or \$83.00 fee per test. Licensees who are subject to random body fluid screens are required to call Nebraska Occupational Health or check Nebraska Occupational Health's website every morning to see if they are required to test that day. Anderson said that payment plans can be set up in cases of financial hardship.

Oertwich reported that the National Council of State Boards of Nursing is currently replicating a study previously done with physicians with substance use disorders. The NCSBN study involves fourteen boards of nursing, but Oertwich does not know if they are umbrella or independent boards. The results are expected to be available in December.

Harrison noted that the Licensure Unit's contract with the Licensee Assistance Program includes a maximum of 25 free pre-licensure assessments per year. Program Managers should communicate with each other when they refer applicants to LAP for an assessment so that they are cognizant of whether they are nearing the annual limit. Anderson noted that some Program Managers recommended a pre-licensure evaluation but do not specify where the applicant should obtain the evaluation.

Oertwich said that she wants to look into the possibility of creating an alternative to discipline program in Nebraska.

Perrin said she wanted the Board to be helpful rather than punitive when dealing with drug and alcohol cases.

CONCLUSION AND ADJOURNMENT

There being no further business, the meeting adjourned at 4:25 p.m.

Respectfully submitted,



Sherri Joyner
Health Licensing Coordinator